

The surgical specialties are the greatest offenders. These add to the hazards of medication and emotional trauma those of anesthesia and hypoxia to the growing brain. Frequently also, because of lack of knowledge of the child, water intoxication occurs or excess blood is given. The pediatric surgeon has had a formidable struggle indeed to get recognition.

Since children are our greatest asset, the medical school should not end the study of growth of human beings with the completion of the course in embryology. Growth, development, maturation, aging, and ecology should be a basic course in the medical school continuous through the undergraduate years. Every specialty and subspecialty that deals even remotely with children should be required by their respective boards to have an intensive course in pediatrics before certification.

Although this communication deals with children, the same situation probably exists to a varying degree in all of medicine and the allied services. Is it not opportune that as physicians we take some active steps to remedy it?

H. E. THELANDER, M.D.

San Francisco

What Constitutes an Adequate Exploration in the Abdomen

NOT INFREQUENTLY exploration of the abdominal-pelvic viscera at laparotomy is an exceedingly casual affair. Two recent cases which have come to my attention, point up the necessity of carrying out the above in an orderly and detailed fashion if the patient is to receive the best we have to offer in the way of treatment when the abdominal cavity is opened. Both cases were those of intestinal bleeding in which duodenal deformities were demonstrated by x-ray. The hemorrhage was massive and the patients were explored. In neither case was the gastrointestinal bleeding from the duodenal ulcer, yet in both, definitive surgical treatment was carried out for a duode-

nal ulcer. In both instances the patients bled again and subsequent therapy of a surgical nature was required. In one instance a re-resection was carried out without benefit to the patient and in the other instance the patient was found to have a Meckel's diverticulum from which he was bleeding. In the first instance the patient finally succumbed to the hemorrhage and at autopsy a large gastric ulcer high in the stomach was detected which had not been demonstrated by x-ray nor had it been diagnosed at the time of exploration. These are merely two incidences which could have been eliminated had adequate exploration been carried out.

The pancreas and the adrenal glands are other structures that are often neglected during examination. Except in emergency conditions, it should be the invariable practice of all surgeons who open the abdomen, to palpate every structure within the abdominal-pelvic cavities and to record the observations in the operative notes. To complete an exploration and describe such at the end of an operation with the note, "The remainder of the abdominal exploration was negative," or to have only some abdominal viscera described in the operative note with no mention of the other organs, is poor practice and one which, unfortunately, is common today. A system for exploration should be developed by every surgeon. One method is to explore the pelvic and abdominal cavity starting at a point usually removed from the site of pathology anticipated or known pathologic condition. In dictating the operative report, every structure is described and recorded including all intraperitoneal as well as extraperitoneal organs which are palpable through abdominal incisions. This is particularly important in relation to the kidney and pancreas for routine exploration enhances one's ability to detect and distinguish diseases of the pancreas and kidney when they are present.

GORDON F. MADDING, M.D.

Burlingame

